

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for dates of service 06/04/01, 06/06/01, and 06/8/01.
 - b. The request was received on 02/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Position statement located on the Table of Disputed Services
 - b. HCFAs-1500
 - c. TWCC 62 forms/EOBs
 - d. EOBs from other insurance carriers
 - e. Medical documentation
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to Request for Medical Dispute Resolution
 - b. TWCC 62 forms/EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/11/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Table of Disputed Services
“We feel that we are due full reimbursements for the equipment that we provided this patient with. After resubmitting this equipment with supporting documentation such as the treating physician’s signed prescription along with examples of payments by other carriers and still we were denied additional payments. We are now requesting the remaining balance to be paid in full with interest.”
2. Respondent: Letter dated 07/10/02
“Absent a table of disputed health care and charges, it is unclear the extent of the pending dispute. Carrier has reduced several charges based upon applicable fee guideline and fair and reasonable reimbursement rates.... Provider has failed to document that it is entitled to additional reimbursement.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 06/04/01 through 06/08/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider’s TWCC-60, the amount billed is \$563.00; the amount paid is \$245.19; the amount in dispute is \$327.81.
3. The carrier denied the billed services by codes,
“*00202 – SUGGEST SUPPLY HOUSE INVOICE FOR ADDL’ [sic]”;
“*00140 – RE-EVALUATION”;
“T –NOT ACCORDING TO TREATMENT GUIDELINES. INCLUDED IN ANOTHER BILLED PROCEDURE DOCUMENTED AS TRAINING AND FITTING FEES.”;
“M – NO MAR, REDUCED TO A FAIR AND REASONABLE SUGGEST SUPPLY HOUSE INVOICE FOR ADDL’ [sic] RECOMMENDATION SUSPENDERS”.
4. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|---------------|--|----------|----------|--------------------|---------------------------|---|--|
| 06/04/01 | E1399 Cold therapy wrap | \$75.00 | \$32.67 | *00202 | DOP | Rule 133.304 (c); CPT descriptor; HCPCS descriptor | Rule 134.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)..." The carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions. The provider was not given sufficient explanation to allow the provider to understand the reason for the denial. Additional reimbursement in the amount of \$280.53 is recommended. (amounts in dispute: \$42.33 + \$41.95 + \$11.25 + \$185.00 = \$280.53) |
| | E1399 Water circulating pad | \$155.00 | \$133.05 | No Denial Code | DOP | | |
| | E1399 Auto adapter | \$45.00 | \$33.75 | No Denial Code | DOP | | |
| 06/06/01 | 97139-TN | \$185.00 | \$0.00 | *00140,T | DOP | | |
| 06/08/01 | E0244 Raised toilet seat (D0233) | \$103.00 | \$65.72 | *00140,M | HCPCS D0233 \$36.00 | MFG DMEGR (IX) (C); D Codes MFG, 1991; HCPCS descriptor | The amount billed for the DME HCPCS code E0244, a raised toilet seat, was \$103.00. The carrier paid the provider \$37.28. The Medical Fee Guideline Durable Equipment Ground Rule (IX) (C) states, "A fair and reasonable reimbursement shall be the same as the fees set for the "D" codes in the 1991 Medical Fee Guideline." DME code E0244 is the same as "D" code D0233, "Toilet seat, raised" with the purchase price of \$36.00. The carrier reimbursed the provider \$67.72 for E0244. In accordance with the MFG DMEGR (IX) (C), the provider is not entitled to additional reimbursement. No additional reimbursement is recommended. |
| 06/06/01 | E1399 Suspenders | \$40.00 | \$30.00 | *00140,M | DOP | Rule 133.307 (g) (3) (D); HCPCS descriptor | The provider failed to meet the criteria of 133.307 (g) (3) (D) which states, "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title..." As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. The provider submitted 12 EOBs from other insurance carriers. Two of those 12 EOBs addressed DME E1399, suspenders for bone growth stimulator. The two EOBs submitted from other carriers were insufficient to meet the criteria of Rule 133.307 (g) (3) (D). No additional reimbursement is recommended. |
| Totals | | \$563.00 | \$245.19 | | | | The Requestor is entitled to additional reimbursement in the amount of \$280.53 . |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$280.53 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 12th day of February 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm